For	, 990-T	E	xempt Organization Bus	sine	ss Income	Tax Returi	n L	OMB No 1545-0047 -
			and proxy tax und			912		2040
	,	For ca	lendar year 2019 or other tax year beginning		, and ending			2019
	artment of the Treasury nal Revenue Service	A	► Go to www irs gov/Form990T for in Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)	•	(Empl	oyer identification number loyees' trust, see actions)
В	Exempt under section	Print	CENTRE COUNTY COMMUNIT	Y F	OUNDATION,	INC.		5-1782197
Σ	501(c)(03.)	Type	Number, street, and room or suite no. If a P.O. box	•	structions.			ated business activity code nstructions)
<u>_</u>	408(e)220(e)	Туре	1377 RIDGE MASTER DRIV				4	
<u> </u>] 408A		City or town, state or province, country, and ZIP of STATE COLLEGE, PA 168		n postal code		525	990
C B	ook value of all assets	J		D			<u> </u>	
- a	end of year 57 , 460 , 2	40.	G Check organization type ► X 501(c) corp	poration	501(c) trus	t 401(a) trust	Other trust
H E			·	1		be the only (or first) ui	nrelated	
tr	ade or business here 🕨	► <u>S</u> €	ee Statement 1		. If only o	ne, complete Parts I-V.	. If more	than one,
d	escribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Scheo	lule M for each additio	nal trade	e or
	usiness, then complete							
			oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group	1? ▶	Ye	s X No
			tifying number of the parent corporation.					
			CARRIE RYAN de or Business Income			· · · · · · · · · · · · · · · · · · ·	(814	
			ie or Business income	r 	(A) Income	(B) Expense	<u> </u>	(C) Net
	Gross receipts or sale		- Polones	.		, ,		,
2	Less returns and allow Cost of goods sold (S		C Balance ►	1c 2				
3	Gross profit Subtract		•	3	·			
4 a	Capital gain net incom			4a	6,455			6,455.
		-	art II, line 17) (attach Form 4797)	4b		-		7 333
c				4c	· · · -			
5	•		thip or an S corporation (attach statement)	5	22,709	. Stmt 2	2	/ 22,709.
6	Rent income (Schedu			6				
7	Unrelated debt-financ	ed incor	ne (Schedule E)	7				
8	Interest, annuities, roy	yalties, a	nd rents from a controlled organization (Schedule F)	8				-
9	Investment income of	a sectio	in 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activ	-	•	10				
11	Advertising income (S		·	11				
12	Other income (See ins			12	20 104			20 164
13 D	Total. Combine lines		gn 12 o t Taken Elsewhere (See instructions fo	13	29,164			29,164.
· · ·			be directly connected with the unrelated busin			<u> </u>		
14	•	icers, dii	rectors, and trustees (Schedule K)				14	
15	Salaries and wages						15_	
, 16	Repairs and mainten	ance					16	
. 17	Bad debts	dula\ /a.	an instructions)				17	<u> </u>
18	Interest (attach sche Taxes and licenses		NCD				18	
20	Depreciation (attach				20		13	
21	Less de Eciation De		· 131 2		21a	···-	21b	
22	Depletip#	v	2020		(2.0)		22	
23	Contributions to dete	<u>Tred cor</u>	mpensation 1961s				23	-
24	Employee heriefic	DEV	I, UT				24	
25	Excess exempt expe						25	
26	Excess readership co		<i>7</i>				26	
27	Other deductions (at		•		See Sta	tement 3	27	58,448.
28	Total deductions. A						28	58,448.
29			ncome before net operating loss deduction. Subtrac				29	-29,284.
30		erating l	oss arising in tax years beginning on or after Janua	гу 1, 20		tomont 1		0
31	(see instructions)	avahla :-	ncome. Subtract line 30 from line 29		see sta	tement 4	30	-29,28 4 .
_			work Reduction Act Notice, see instructions.				1 31	Form 990-T (2019)

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 99		CENTRE COUNTY COMMU Total Unrelated Business Taxa		NC.		25-	-17821	<u>197</u>	Page 2
32		of unrelated business taxable income computed	d from all unrelated trades or businesses (see instructions)		32	-29	7, 2	84.
33	•	nts paid for disallowed fringes	,	· · · · · · · · · · · · · · · · · · ·		33			
34		able contributions (see instructions for limitation	on rules)			3,4			0.
35							-29	7,2	84.
36		tion for net operating loss arising in tax years t			. 005 02 0.,0 003		- 	· /, ··-	
37		of unrelated business taxable income before sp				$7 \frac{ 36 }{37}$	-20	2.2	84.
38		ic deduction (Generally \$1,000, but see line 38		, 00	8				00.
39		ited business taxable income Subtract line 3		a 37	a		-	- , 0	<u> </u>
45		he smaller of zero or line 37	o nomine 37. If the 30 is greater than in	c J,	1	39	_20	2	84.
Part		Tax Computation			<u>-</u>	11 33 1		, 4	<u>0 4 •</u>
			- 20 h.: 040/ /0.04)			140			0.
40		izations Taxable as Corporations Multiply line	- · · · · · · · · · · · · · · · · · · ·			40			<u> </u>
41		Taxable at Trust Rates See instructions for t	•	it on line 39 from:	_				
44		ax rate schedule or Schedule D (Form	n 1041)			41			
42	_	tax. See instructions			•	42		_	
43		ative minimum tax (trusts only)				43		_	
44		Noncompliant Facility Income See Instruction				44			
45		Add lines 42, 43, and 44 to line 40 or 41, which	hever applies			45			<u>0.</u>
Part		Tax and Payments							
46 a	Foreig	n tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	46a		4			
b	Other	credits (see instructions)		46b		4 1			
C	Genera	ll business credit. Attach Form 3800		46c	*****	」			
d	Credit	for prior year minimum tax (attach Form 8801	or 8827)	46d		_			
е	Total o	redits Add lines 46a through 46d				46e			
47	Subtra	ct line 46e from line 45				47			0.
48	Other 1	axes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Othe	f (attach schedule)	48			
49	Total t	ax Add lines 47 and 48 (see instructions)				49			0.
50		iet 965 tax liability paid from Form 965-A or Fo	orm 965-B. Part II. column (k), line 3			50			0.
		nts: A 2018 overpayment credited to 2019	(),	51a					
		stimated tax payments		51b		i			
		posited with Form 8868		51c		7]			
		n organizations: Tax paid or withheld at source	(see instructions)	51d		7			
		o withholding (see instructions)	(000 111011 00110110)	51e		1			
		for small employer health insurance premiums	(attach Form 9041)	51f		┤			
			orm 2439	311		-			
9						1 1			
			Other Total	51g		ا ہے ⊢			
52		payments Add lines 51a through 51g				52			
53		ted tax penalty (see instructions). Check if Form	· ·		_	53			
54		e. If line 52 is less than the total of lines 49, 50			•	54			
55		ayment If line 52 is larger than the total of line		_		55			
56		he amount of line 55 you want: Credited to 20:			Refunded <u></u>	56			
Part		Statements Regarding Certain	·				—	1	
57	-	time during the 2019 calendar year, did the or	-		=		<u> </u>	Yes	<u>No</u>
	over a	financial account (bank, securities, or other) in	n a foreign country? If "Yes," the organizati	on may have to file	9			İ	
	FinCEN	l Form 114, Report of Foreign Bank and Financ	cial Accounts. If "Yes," enter the name of th	ie foreign country				ĺ	
	here	>							<u>X</u>
58	During	the tax year, did the organization receive a dis	stribution from, or was it the grantor of, or	transferor to, a for	eign trust?				_X_
	If "Yes,	see instructions for other forms the organizat	tion may have to file				1	1	
59	Enter t	he amount of tax-exempt interest received or a	accrued during the tax year 🕨 💲						
	L	nder penalties of perjury, I declare that I have examined	d this return, including accompanying schedules	and statements, and	to the best of my kni	owledge and	belief, it is tr	ue,	
Sign		orrect, and complete. Declaration of prepares (other tha	an taxpayer) is based on all information of which pi	reparer has any know	_	Anu Ab - IDC	d	-4	
Here		Much 16 1. L	////3/7.C) ► EXECU	TIVE DIR		-	discuss this r shown below		VITA
		Signature of officer	Date				Yes	·	No
		Print/Type preparer's name	Preparer's signature	Date		if PTIN			
		JOSEPH P. FEDELI,	JOSEPH P. FEDELI,	24.0	self- employed				
Paid		CPA		11/11/20			05386	22	
	parer	5 4 No. 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u>11/11/20</u> LLP	Firm's EIN		-2000		7
Use	Only		Dr. Ste 200	חחב	CHIHI S EIN		- 2000	<u>, </u>	<u></u>
					Phone no.	211 7	3700	0.0	
000=::	04.63.5	Firm's address ► State Coll	Ede' LW TOORS		Triione no. (<u> </u>	Form 99		2010
923711	01-27-20	,					LOIN 221	J- I (4019)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A	<u> </u>		 		
1 Inventory at beginning of year	1		6 Inventory at end of year		6			
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	st of labor 3		from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs	ection 263A costs					_7		
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to		Yes N	No
 Other costs (attach schedule) 	4b	 	property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u>L</u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)		
1 Description of property								
(1)								
(2)			.					
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	(a) From personal property (if the percentage of rent for personal property is more than of rent for p			age	3(a) Deductions directly columns 2(a) ar	connecterd d 2(b) (att	d with the income a ach schedule)	ın.
(1)								
(2)				-				
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	D		0.
Schedule E - Unrelated Del		Income (see	instructions)		, , , , , , , , , , , , , , , , , , , ,			
			2 Gross income from or allocable to debt-		3 Deductions directly con to debt-finance	ed proper	ty	
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	'	b) Other deduction (attach schedule)	ıs
(1)				<u> </u>		+		
(2)								
(3)					<u> </u>			
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deduct lumn 6 x total of co 3(a) and 3(b))	
(1)			%	<u> </u>		+		
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, lart I, line 7, column (A)		er here and on pag	
Totals			•		0			0.
Total dividends-received deductions in	icluded in columi	n 8						0

INC.

25-1782197

Page 4

Form 990-T (2019) CENTRE COUNTY COMMUNITY FOUNDATION,

Form 990-T (2019) CENTRE COUNTY COMMUNITY FOUNDATION, INC. 25-17821
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<u> </u>	
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)] .,			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	·			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
otal Enter here and on page 1. Part II, line 14		•	

Form 990-T (2019)

						
Form 990-T	Description of	of Organization's	Primary	Unrelated	Statement	1
		Business Activi				
	_					

INVESTMENTS IN LIMITED PARTNERSHIPS

To Form 990-T, Page 1

Form 990-T Income (Loss) from Partnerships	Statement 2
Description	Net Income or (Loss)
TIFF KEYSTONE FUND - Ordinary Business Income (loss)	26,655.
TIFF KEYSTONE FUND - Net Rental Real Estate Income	-2,609.
TIFF KEYSTONE FUND - Other Net Rental Income (loss)	-1,630.
TIFF KEYSTONE FUND - Interest Income	1,945.
TIFF KEYSTONE FUND - Dividend Income	4.
TIFF KEYSTONE FUND - Royalties	240.
TIFF KEYSTONE FUND - Other Portfolio income (loss)	3.
TIFF KEYSTONE FUND - Other income (loss)	79.
COMMONFUND CAP. PART. V - Ordinary Business Income (loss)	-22.
COMMONFUND CAP. PART. V - Interest Income	88.
COMMONFUND CAP. PART. V - Dividend Income	28.
COMMONFUND CAP. PART. V - Other Portfolio income (loss)	70.
COMMONFUND CAP. PART. V - Other income (loss)	4.
COMMONFUND CAP. PART. VI - Ordinary Business Income (loss)	-1,480.
COMMONFUND CAP. PART. VI - Net Rental Real Estate Income	-102.
COMMONFUND CAP. PART. VI - Other Net Rental Income (loss)	1.
COMMONFUND CAP. PART. VI - Interest Income	62.
COMMONFUND CAP. PART. VI - Dividend Income	49.
COMMONFUND CAP. PART. VI - Royalties	206.
COMMONFUND CAP. PART. VI - Other Portfolio income (loss)	7.
COMMONFUND CAP. PART. VII - Ordinary Business Income	
(loss)	-1,657.
COMMONFUND CAP. PART. VII - Net Rental Real Estate Income	508.
COMMONFUND CAP. PART. VII - Dividend Income	77.
COMMONFUND CAP. PART. VII - Royalties	149.
COMMONFUND CAP. PART. VII - Other Portfolio income (loss)	,34.
Total Included on Form 990-T, Page 1, line 5	22,709.

Form 990-T	·	Other Deducti	ons	Statement	3
Descriptio	n			Amount	
COMMONFUND COMMONFUND		V - OTHER DEDUCTI VI - OTHER DEDUCT	PIONS PER K-1	42,98 58 3,4 11,4	88. 20.
motal to E	Jarry 000 M Dogo 1	1i 27			4.0
TOCAL CO F	orm 990-T, Page 1,	line 2/		58,4	48.
Form 990-T		Operating Loss D	eduction	Statement	48.
			Loss Remaining		
Form 990-T	Net	Operating Loss D Loss Previously	Loss	Statement Available	4

SCHEDULE D . (Form 1120) Department of the Treasury internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CENTRE COUNTY COMMUNITY FOUNDATION, INC. 25 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	column (e) from column (d) and
Part I Short-Term Capital Gains and Losses (See Instructions.) See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	column (e) from column (d) and
to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	column (e) from column (d) and
Inis form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	column (e) from column (d) and
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	
1b Totals for all transactions reported on	
	1
Form(s) 8949 with Box A checked	
2 Totals for all transactions reported on	
Form(s) 8949 with Box B checked	
3 Totals for all transactions reported on	
Form(s) 8949 with Box C checked	200.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	5
6 Unused capital loss carryover (attach computation)6	ô ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h	7 200.
Part II Long-Term Capital Gains and Losses (See instructions.)	
See instructions for how to figure the amounts to enter on the lines below (d) (e) (g) Adjustments to gain	(h) Gain or (loss) Subtract
to enter on the lines below This form may be easier to complete if you round off cents to whole dollars (d) Proceeds (cost (sales price) (or other basis) (e) Cost (or other basis) (or other basis) (g) Adjustments to gain or loss from Form(s) 8849, Part II, line 2, column (g)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	
8b Totals for all transactions reported on	
Form(s) 8949 with Box D checked	
9 Totals for all transactions reported on	
Form(s) 8949 with Box E checked	
10 Totals for all transactions reported on	
Form(s) 8949 with Box F checked	1,859.
11 Enter gain from Form 4797, line 7 or 9	<u>1</u> 4,396.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	2
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	3
14 Capital gain distributions	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	<u>6,255.</u>
Part III Summary of Parts I and II	
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	6,455
Note: If losses exceed gains, see Capital Losses in the instructions. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.	Schedule D (Form 1120) 2019

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification no.

CENTRE COUNTY COMMUNITY FOUNDATION, 25-1782197 INC Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment see Column (e) ın combine the result Code(s) the instructions with column (g) COMMONFUND CAPITAL PARTNERS V, LP-COMMON <16.> COMMONFUND CAPITAL PARTNERS VI, 51 LP-COMMO COMMONFUND CAPITAL PARTNERS VII, LP-COMM 165. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

CENTRE	COLIMITY	COMMINITY	FOUNDATION.	TNC

25-1782197

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

[___] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

LAJ (F) Long-term transactions not	t reported to you	on Form 1099-E	3				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If your column (f	(g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
TER KRYCHONE				tile instructions		adjustment	With Column (g)
TIFF KEYSTONE	 -			·			
FUND, LP-TIFF				 			.6 014
KEYSTONE FUN							<6,014.
COMMONFUND CAPITAL						<u> </u>	<u> </u>
PARTNERS V,							104
LP-COMMON				<u> </u>			104.
COMMONFUND CAPITAL				<u> </u>			
PARTNERS VI,				<u> </u>			
LP-COMMO							4,820.
COMMONFUND CAPITAL							
PARTNERS VII,							
LP-COMM		····.		<u></u>			2,949.
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O Table Add the assessment of the		ad (b) (a: b4== -1		 			
2 Totals. Add the amounts in columnegative amounts) Enter each total Schedule D, line 8b (if Box D above is checked) or line 10 (if Box D).	tal here and incluve is checked), I	ide on your ine 9 (if Box E					1 859.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment